

THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXVII. WEDNESDAY, DECEMBER 9, 1847.

No. 19.

UNITED STATES MARINE HOSPITALS.

[Communicated for the Boston Medical and Surgical Journal.]

On looking over the papers of this, as well as other large cities, we very frequently observe that they contain statements for general information, with regard to the amount of money received at custom houses, the dividends of banks and insurance offices, the amount of specie imported and exported, tariff receipts for different fiscal years, with their comparative merits, railroad statistics, with other items of public and private interest, of a mercantile, civil and charitable character. But there is one fund, of no inconsiderable amount, paid over to custom houses, which we never find published. This is the MARINE HOSPITAL FUND, paid by sailors, who never see published, for their gratification or information, the amount thus increased by their hands, for their support in time of need. By the law regulating marine hospitals, each sailor pays his tax of twenty cents a month, for the enlargement of this fund; and yet, great as must be this sum, thus accumulated, no one knows how much it is, no one knows where it goes, or whence it comes. The tax is by no means insignificant, considering the per centage which it constitutes upon the capital out of which it grows. Were merchants, tradesmen, landholders and mechanics taxed in the same rate, we are sure they would be made aware of the amount, and expenditure of the sum thus raised. In order that we may get at the nature of the tax, let us take a vessel sailing from New York to the Havana and back. The time occupied is two months; the wages for the trip might be thirty dollars. The sailor's property consists of a chest valued at twenty dollars; on this he is taxed one dollar by the State of New York, and forty cents by the United States. Should he follow this business the year round, he would be taxed seven dollars and forty cents on his wages of \$150.00 during the year; a sum equal to the whole amount of town, county and State taxes, imposed on citizens of our larger towns. This can be proved; for in the city of Roxbury, according to the assessors' returns, the rate is only \$5.70 on every thousand dollars. The sailor pays his tax willingly, when he considers the comfort it provides for him in time of sickness and disability; but he asks, and reasonably, too, that he may get at some information with regard to the fund he is

constantly establishing. Cannot this be allowed him, through some public medium?

How is this money expended? Its object is medical treatment; and considering the large class of persons calling for this treatment, the demand made upon the medical officers in the institutions must be very great, and every reasonable man would say they should be paid accordingly. The domestic affairs of the hospitals should by no means be neglected, but the main object of their establishment being the healing of the sick, this should be the primary aim, and this branch most liberally sustained. What is the truth on this score? By a comparison of the duties and emoluments of marine and naval hospitals, we may arrive at some knowledge of the pecuniary condition of their respective medical officers. There are in Chelsea, Mass., two hospitals, the Naval and Marine, affording means for carrying out our illustrations. The surgeon of the Marine Hospital has a salary of \$1000 per year, without the allowance of any assistant on the part of Government; the surgeon of the Naval Hospital, if he be from ten to fifteen years standing in the service, has \$2000, and the advantage of an assistant with a salary of \$950 per year; thus rendering the medical attendance of the Naval to exceed that of the Marine Hospital, by \$1950. Let us now compare their duties. The Naval Hospital rarely numbers more than ten patients daily, who can avail themselves of the double amount of medical attendance allowed them. The Marine Hospital, according to the last quarter's report, which is as follows—

Sick and disabled in Hospital July 12, - - - -	60
Received during the quarter, - - - -	270—330
Discharged, cured or relieved, - - - -	242
Died, - - - -	11
Remaining, September 30, - - - -	77— 330

averaged more than 60 patients per day. During the last six months, the number of patients has been 499; and we must be convinced at once, when we see that out of these only 22 have died, how great must be the demand upon the surgeon's vigilance, skill and attention. It is required that he should be at his post at all hours, in order to receive the patients who have permits from the Collector of the Port, and come as they please to be benefited by his attendance. The privilege granted him of out-door practice has been used as an argument in favor of fixing his salary at this low rate; but who would think of this, when he is called upon at all times, by the requisition of Government, to visit eighty patients in the morning, prescribe for them, write down his prescriptions, see that they are properly distributed, and be always ready to receive those who are liable at all hours of the day to enter his house. With these duties imposed upon him, the idea of out-door practice is absurd. In the expenditure of the sailors' money for medical attendance, it must be seen that neither liberality nor justice is exercised, both by an examination of marine hospital duties, and by a comparison of them with these of naval hospitals with much smaller requirements.

Let us now examine the relative proportions of hospital expenses

throughout the Union, and the manner in which individuals avail themselves of the funds, and we shall see great inequality in the former and great fraud in the latter. By the last statistical report of marine hospitals we find that in Maine 386 patients required \$1,031 for medical attendance, \$4,330 for boarding and nursing. In North Carolina 247 patients required \$1,072 48 for medical attendance, \$2,120 94 for boarding and nursing. In Missouri, 264 patients required \$1,247 80 for medical attendance, \$2,836 54 for boarding and nursing. In Massachusetts 822 patients required \$1,399 48 for medical attendance, \$10,500 67 for board and nursing; showing that 264 patients in Missouri required more medical attendance than 386 in Maine, and that 247 in North Carolina required almost as much as 822 in Massachusetts. These are only a few specimens of the discrepancy existing; but they are enough to show the excessive defects in a system whose object should be the judicious expenditure of money earned with much toil, and appropriated to the relief of the sorest wants.

The manner of admission by means of permits is open to gross frauds. The requirements render certain interrogations at the Custom House necessary, by which the birth place and number of years spent in the American merchant service are obtained. These questions are easily answered, and persons who have hardly smelled salt water, aided oftentimes by landlords, enjoy rights at the expense of those who have braved the storm for years. This we know to be true, and to be occurring almost every day. Men who never spoke a word of English, and never sailed under an American flag, may be found in our marine hospitals. *Runaways* and *deserters* from *foreign ships*, by means of permits, come there and enjoy the bounty provided. This should not be. The necessities of those entitled are of themselves sufficient, and their ground should not be encroached upon. The whole system needs re-modelling, and by means of the present resources and the increasing demand in the country as our ports are multiplied on every shore, lake and river, a splendid arrangement of hospitals might be made, which would be creditable to the nation, blessings to the sick sailor, and fine schools for the advancement of medical science.

THIRTY-SIX YEARS AT SEA.

MEDICAL ETHICS FOR PRACTITIONERS, AND FOR COLLEGES; OR "WHAT MAKES THE DIFFERENCE?"—NO. IV.

[Communicated for the Boston Med. and Surg. Journal.]

It can hardly be necessary to pursue the subject farther in the form of quotation, as all, who have been in the habit of reading the periodical private cards of medical colleges, so abundantly sent forth under the various titles of announcements, circulars, catalogues and introductory lectures, must at once see the incongruity of these productions with that high standard of professional character, marked out by the committee on ethics; and when it is recollected that the few quotations that have been

presented exhibit scarcely an average sample of these precious *morceaux*, there are few that will differ from the writer, in the belief that it is high time the finger of scorn had marked with proper reprobation these veritable *opprobria medicorum*.

It is but a few years since, that a new school was started in one of our metropolitan cities, in which the introductory lecture of the first course consisted of but a tissue of the most inflated boastings, as much outdoing the empty fanfaronade of the most reckless nostrum monger, as the great talents and extensive acquirements of the lecturer exceed those of such as engage in these impostures. And if that really distinguished teacher could be induced to read over his own production, now that the excitement of the moment has so far abated, that a realizing sense of what is due to the exalted character which his station demands, may be supposed to have gained the ascendancy, his countenance must have in its composition something more durable than the far-famed alloy of copper and zinc, or it would change before the ordeal.

It is not in boasting only, that colleges adopt the "ordinary practices of empirics;" but they frequently avail themselves of others, which though apparently originating from sources foreign from themselves, and therefore more likely to temporarily gull the unwary, are in reality usually obtained by cajoling or by dictation. If the school have been suspected of teaching doctrines other than orthodox, the suspicion must be dispelled by the certificate of the delegates of the State Society appointed for the purpose of attending the examination of candidates for graduation, or perhaps from the Fellows of the institution when such a body exists; and these certificates are published as a necessary part of the next catalogue or announcement.

Again, a new professor has been brought into the Faculty, a circumstance which, as has already been shown, is usually attended with a flourish of trumpets, duly setting forth his great opportunities, &c. Yet, having completed his first course of lectures, a second part of the drama must be acted in order to complete the plot. A few of the students are admitted behind the curtain, whose feelings are known to be favorable to the movement, and straitway a meeting of his friends among the class is called. As the novelty offers a new source for excitement, such meetings are usually respectably attended, and when once duly organized, a committee of one from each of the States and governments represented, is appointed, and the mover of this *very novel* proceeding, being the first named by the moderator, is of course chairman of the committee. Retiring for the purpose, the chairman produces from his pocket, what he calls a hastily-drawn sketch of the article needed, and after, perhaps, some slight alteration or interlineation, at the suggestion of some one, also in the secret, these *cut and dried* resolutions, teeming with the most extravagant and fulsome laudation of the ability, manner, &c., of said teacher, as an expression of its sentiments, is presented to the meeting, where being duly approved, as evidenced not only by an unanimous vote, but also by sundry outbursts of most vociferous applause, it is, by order of the sovereign class, communicated to the *unsuspecting* but

overwhelmingly gratified object of this *packed* transaction. Blushing under his laurels, and scarcely recovered from the not unpleasant shock of his sensibilities, the favored individual is next beset by the Trustees of the institution, and finally yielding to their most urgent solicitations, he surrenders at discretion the highly-prized document, notwithstanding, in his reply to the moderator of the meeting, he had pledged himself to carry it with him to his grave, as a token of inestimable value; and this certificate of his ability is sent forth on the wings of fame in the next *private card* of the college.

Now wherein, it is asked, does the publication of these documents, obtained however they may be, differ from the certificates of the charlatan; and how is their promulgation more consistent with the unassuming dignity of professional character, when given to an individual occupying the station of a teacher, than when presented as an expression of the gratitude of him who, "when about to perish," may have been restored to health and happiness by his timely attention and skill in the more humble sphere of a practitioner? In both cases they may have been the spontaneous outbursts of hearts overflowing with kindness and good will, and their reception may have been extremely gratifying, as an evidence of appreciated effort in the great cause of humanity; yet when abstracted from the sacred secrecy of the recipient's own possession, and sent forth as heralds to trumpet his fame and advance his interest, the ethereal holiness of their character is at once lost, their lustre is tarnished, and mixed up with sordid pecuniary interest; as the snow, which, when first fallen, covers the fields with a mantle of virgin whiteness, yet when brought in contact for a time with earth, mixed up with corrupting dust, it soon loses its dazzling purity of color, and becomes grey, gummy and filthy.

Again, the code informs us, when treating on the subject of consultations, that "no one can be considered as a regular practitioner or a fit associate in consultations, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry."—(Code, chap. 2, art. 4, §1.) As a general law, the paragraph which is in part quoted is so fraught with wisdom, as to meet with an almost universal response, not only among the profession, but from the uninitiated also; and though, perhaps, a case may occasionally occur where the physician may be benefited by the suggestions of the illiterate, yet such occurrences are so rare as to prove the truth of the general rule. Still less frequently can advantage arise from bringing together individuals with strong party prejudices, arising out of the various medical heresies and schisms of the day. Indeed, setting aside the impropriety of making the sick room the arena for angry disputations and unprofitable controversy, it can hardly be anticipated that science would be advanced or suffering humanity benefited, by bringing together men, however nearly equal they may be on the score of literary attainment, if while the one party looks for information to rational sources, as the accumulated experience of intelligent observers, united to a know-

ledge of the human system, the functions of its organs in health, the changes produced by disease, and the influence of physical agents thereon, the other party are entirely directed by some hypothetical doctrine, some simple idea, or have but a single remedy or course for all emergencies. The committee, therefore, acted wisely by introducing into the code a clause, so decidedly condemnatory of such futile proceedings on the part of "qualified" members of the profession.

But while medical practitioners are properly restricted with regard to their intercourse with professional heretics, schismatics, infidels, &c.; while they are constrained, for the benefit of the sick, the character of the profession, and a respect for the mandates of its ethics, to keep aloof from mixing with the fashionable systems of charlatanry so rife at the present day—the colleges are permitted to, and do admit to their lectures, and confer their honors on, the open and avowed advocates of the various forms of empiricism; an act which at once puts into the hands of the veriest enemies of medical science the means of bearding its real votaries in their own household. These bastard scions of an honorable profession—these fruits of an illicit embrace—consider the affair altogether in the light of a business transaction, and having determined to obtain a diploma, they cast about for an institution of the "most easy virtue," and straitway set about going through the forms of its curriculum. This they pretend is a matter of no great difficulty, especially if the *argent comptant* be forth coming. Having obtained the precious document, and paraded their names in print, or on the sign-board, with the coveted M.D. duly appended, the object of all this labor and expense becomes manifest. It is to give to the mere gullcatcher a character of erudition, in order that he may be enabled more readily to entrap the victim of his imposture. Such must necessarily be the effect of our institutions giving their diplomas to the advocates of homœopathy, hydropathy and Thomsonism, and thereby constituting them the legitimate offspring of our own cherished *alma mater*; for whatever has been said by the writer has been spoken more with feelings of grief and shame than of anger. Indeed, he was not till recently aware of the extent of the practice; when in conversation with one of the most distinguished professors of one of our schools of high character, he was informed that there was no remedy for the evil; that it would be impossible to know the character of every private preceptor, or the special views of every medical student; and farther, that if the "preceptor have been a graduate in medicine, his certificate of the time of the student's study must be received." It will be unnecessary, at this time, to tire the patience of the reader by exhibiting the absurdity of such a course; for if the scales of gold could be detached from the eyes of the very distinguished individuals who regulate these matters, they would at once see how preposterous the proceeding is, to send forth from their portals, crowned with their highest honors, brothers in science, from the arms of the same cherishing mother, yet destined not only by a rational law of professional ethics, but from the very nature of their pursuits, their feelings, prejudices, everything, to a complete separation in their after

life, a perfect non-intercourse in all their labors in the great cause of relieving the sufferings incident to our nature.

PARACELSUS.

November 24, 1847.

PALMER'S ARTIFICIAL LIMBS.

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—In compliance with your request and the request of many others of the medical faculty, I have written this short article, which I send for publication in your Journal, concerning my patent artificial limb. I will not attempt to give an elaborate account of all the minutiae of its construction, but simply a *general* idea of its novelty, utility and *modus operandi*. It would be quite impossible, in this short sketch, to give your readers anything like a definite idea of the peculiar action of the various parts about the articulations, or the new and improved modes of constructing and attaching the springs, tendons, &c., which give life-like action to the substitute; and, as it is not the manner of arranging, but the result produced by the improved principles combining and acting in the substitute which will more particularly gratify the reader, I shall aim to give an idea of the leg in operation, and make some suggestions to the profession concerning amputations, as my success depends somewhat upon the place of amputation. Many have visited me for relief, whom, to relieve, was almost to *create*, in consequence of unskilful amputation. It may not be uninteresting to your readers to know that this invention of the artificial leg, is the result of much investigation, years of incessant thought, and days and nights of unmitigated toil, in consequence of the loss of one of the inventor's legs, which was ground off in a bark mill, when he was eleven years of age. All the most approved artificial legs, including the valuable one of Dr. Potts, of London, known as the "Anglesey Leg," I had worn previous to completing my invention, and I tested thoroughly my own improvement, and secured a patent for the same, before venturing to expose it to the gaze of a scrutinizing public. In fact, I only thought, originally, to relieve my own suffering by the production of my own hands; but having exhibited the limb thus constructed, I was called before the public, and a generous American public has fully appreciated the worth of the invention. My unfortunate fellow beings, who, like me, had travelled long on crutches o'er earth's crags, without hope of relief, have arisen, as one has said, "in joint and limb complete," and my fondest hopes are more than crowned with success. I trust you will pardon the momentary digression in which I have indulged, and I will now return to the subject of my letter.

As much depends upon a skilful amputation, and as various erroneous ideas have been conceived by many surgeons with regard to the *best stump* to which to fit an artificial limb, permit me to remark that *generally* it is desirable to have the stump left as long as it can be with safety. The question may be asked, "is not this now the case"? I

answer, no. I have now with me a gentleman, whose leg was amputated very near the knee-joint, which might just as well have been taken off in the most desirable place for fitting an artificial one, so as to give the most *complete* and *perfect* use of the natural knee; but the patient was told by the surgeon that 'twas in vain to think of applying a leg below the knee, so as to give the use of the natural joint, without great difficulty in supporting the weight, and that it was preferable to flex the knee, and pressing the thigh into a socket—"push along," as Hood would say, "thump, lump—lump, thump," upon the uncouth stub leg. Prodigious absurd is such an idea; and even now in this case, with this very short stump, I shall give the patient a very tolerable use of the natural knee, as I have done in several similar instances previously. But how admirably he might have walked, if the amputation had been performed a few inches lower—and the *injury* was very near the ankle, so that the leg *might* have been removed very low down. I always use the natural knee, if flexible, if there remains two and one half inches of the limb below the joint. If the amputation be below the knee, and the articulation flexed and *stiff*, the leg remaining at right angles with the thigh, or nearly so, with my apparatus I give perfect use of an artificial knee-joint, without elongating the thigh or increasing its circumference enough to be perceptible. In no case does any pressure come upon the end of the stump, so that, however tender it may be about the place of amputation, as the bearing comes upon the circumference of the limb above, the weight is supported with perfect ease. A stump from six to ten inches in length *below* the knee gives the best chance for fitting a false limb. If the thigh is to be amputated, let the operation be also performed as low down as practicable, though it should not be within three inches of the knee. I make these suggestions, believing them to be important, as many limbs are amputated at random, or at least without any reference to the subject now under consideration; and I am certain that you would not deem them unimportant, if you were in the habit of fitting artificial limbs, as I am, to all the various kinds of stumps. Permit me, however, to remark, that in all cases of amputation, if there remain two inches of the thigh, a limb may be fitted so as to be far preferable to a crutch, and enable the wearer to walk with facility, and engage in any active employment. A gentleman for whom I arranged a limb last winter, whose thigh was amputated near the body, informs me that he labored upon a farm the past summer, and could perform as much labor and command as high wages as any common farmer, and that he had travelled on foot four miles in sixty-five minutes with his new leg. In all cases where any of the natural articulations are either gone or inflexible, I give the patient perfect use of artificial ones to supply the deficiency thereof.

The principles upon which my patent leg is constructed, are such that a complete likeness of the anatomical limb is given, and whether dressed or undressed there appears no excrescence, vacuum or unnatural depression in the contour. About the articulations, also, the same symmetry of proportion is observed as in natural joints. The springs and tendons

in the artificial limb which perform the functions of the *tendo-Achillis*, flexor and extensor muscles, &c., are durable, and as they are all in the interior of the limb, they are not subject to accident, and do not wear the clothing covering the leg, or injure the beauty and finish of the same. I have compounded a cement which I use in the finish of the exterior, which is impervious to water, and which fastens the outside covering, or cuticle, indissolubly, and gives a beauty of color and finish, rivalled only by that of the human limb. B. FRANK. PALMER.

Meredith Bridge, N. H., Nov. 24th, 1847.

THE PATHOLOGY AND TREATMENT OF PERIODICAL FEVERS.

A Paper read before the Rock River Medical Society, May 18th, 1847, by S. G. ARMOR, M.D. of Rockford, Illinois.

OBSERVATIONS on medical topography form a valuable feature of our western medical literature. The effect of atmospheric vicissitude, of peculiar condition of soil and climate, and of the extensive decay of vegetable matter, resulting from the rich alluvial soils of the West, tend to the production of diseases differing in type, in symptoms, in pathology, and consequently in treatment, from those of the same general class, as observed by emigrant physicians from the more eastern States. And it is a fact, well known to the profession, that in no forms of febrile diseases have we less extensive and carefully studied pathological observations than those of our periodical fevers of the West. Hence the necessity of the unwearied observations of those who would add to the common stock of this interesting department of our literature.

At an early period fevers were divided, arranged and systematized under various classifications, according to the supposed pathology of the disease. Galen first divided into essentials and non-essentials; one a specific disease *per se*; the other sympathetic or symptomatic of the essential form. At this time the doctrines of the solidists were warmly advocated and contested. Pinel, embracing the doctrines of the humoralists, contended with all the philosophy of the times, that the solids were only secondarily affected; the primary source of the disease being located in the fluids of the body. This was the prevailing opinion of the ancients. At a later day, Stahl published to the world his theory of plethora, or fulness of vessels, and also a depraved condition of the fluids, fever being the *vis medicatrix nature*, an effort of nature to get rid of the onus of disease. Hoffman, maintaining the principles of solidism, taught the doctrine of derangement of the nervous system, and spasm of the capillaries. Brown, the father of the Brunonian system, also embracing the doctrines of solidism, supposed that there existed a principle of *excitability*—that a proper amount of this was necessary to the production of healthy action—too much leading to the development of fever. Broussais enthusiastically considering that he had unlocked the great secret, contended that the first impression is made on the mucous membrane of the alimentary canal, and taught his pupils to look upon

this as the *primum mobile* and *ultimum moriens* of ALL disease. Louis, repudiating the exclusive doctrines of all preceding theories, contends that the fluids and solids are alike affected, and labors to establish what he calls "reciprocal action." Thus, in the very onset of our investigation, we have a perfect democracy of opinion. Each, caught by the fancied beauty of his theory, has had his "day of glory"—but has only risen to be again ushered into oblivion. The progress of physiological and pathological science is daily pointing out the errors into which, in their *exclusiveness*, these eminent authors fell; while at the same time we are enriching our medical literature by the many valuable truths which they taught.

I do not purpose, at present, to inquire into the character of the agency, or combination of agencies, which give rise to those forms of fever peculiar to the middle, southern and western portions of the Union. As to whether this consists in the specific poison called *malaria*; or, as has been supposed, in the influence of a "moist warm air—air excessively moist considered in connection with its own temperature and the temperature of the human body"; or on "an impaired or deranged condition of the vital functions of the skin"; does not affect my present inquiry. Each or *all* of these causes may have an agency, either directly or indirectly, in the production of our periodical fevers; and by the term *periodical* I include remittent, intermittent, and congestive fevers, which often run into each other by imperceptible gradations, and are, indeed, mere forms or modifications of the same essential disease.

The pathology of these fevers has ever been a vexed question in medicine, both as to the remote cause, and to the primary impression of that cause on the organism. But we have good reason to suppose—in fact all analogies in the pathology of disease tend to show—that the agency, be it what it may, operates primarily on the blood, by changing its normal condition. From an investigation of the great system of nutrition, as connected with animal and organic life, it must appear evident that very many disorders to which human "flesh is heir," consist in morbid alterations in the nutritive process. "Indeed," says Carpenter, in his recent work on physiology, "the progress of physiological research obviously leads to the conclusion, that in every part of the living body there is an inherent and independent vitality, which enables it to grow and maintain its normal structure so long as it is supplied with the requisite materials, *and no longer*"; and the tendency which (happily for the progress of medical science) is now gaining ground, to seek in the blood for primary pathological changes, when there is an obvious general disturbance of the system, will doubtless lead to increased knowledge of the real nature of diseased states.

The next question which presents itself, is, what system is it which is principally influenced by the poison of the remote cause when mingled with the blood? That system appears to be the nervous one, and that portion of it especially, which presides over the *organic functions*, and to this pathological feature I wish particularly to direct attention.

I shall observe, for the sake of illustration, the distinction of the *cerebro-spinal* and *ganglionic* systems, so much insisted on by many physiologists, and especially by M. Bracket, in his very ingenious theory of fever. But in making the distinction we must admit that the cerebral nerves have, to a certain extent, an influence over the organic sensibility; yet it will be at once perceived that this influence is an *indirect* one; because the viscera which perform the organic functions, do not receive their nerves from the brain, but from the ganglia. These ganglia supply the vital or nutritive functions, and have been, with propriety, considered the aggregate of so many small nervous systems, which are the peculiar centres of the organic life; just as the brain is the great and only centre of the animal life. But while the animal life immediately fails on an interruption of the organic system, the converse of the proposition does not appear to be true to the same extent. Thus fetuses without heads, *in utero*, possess an active organic life; they are frequently, at the time of birth, monsters in bulk. Many striking and incontestable proofs might be enumerated, of the co-existence of a suspension of the cerebral functions with a permanent action of the organic life. In fact the whole process of absorption, of assimilation, of nutrition, and of the secreting operation in general, is effected without any direct dependence upon the animal system. But the inquiry may next arise, as to what relation the organic nerves sustain to the general *perversion* of all these functions. Our answer is:—An irritable depressed condition of organic sensibility is the immediate result of a primary pathological condition of the blood; because the system of nutrition being arrested, the natural healthy stimulus of the organic nerves is withdrawn, and hence the general functional derangement characteristic of fever. It has been contended, however, by a class of pathologists, and with much apparent plausibility, that the abnormal character of the secretions is not primary and essential, but in reality a *result* of the abnormal state of the blood from which it is separated, and that the organ itself is still performing a healthy function in separating from the blood that which would be injurious. This proposition is doubtless too extensive and too broad a one. It is easy to conceive, and indeed rational to suppose, that derangement of *healthy organic sensibility* is equally concerned in the production of faulty functional derangement of the secretory system; thus beautifully illustrating the doctrines of “reciprocal action” as taught by Louis. And to this law of relation, with the curative deductions therefrom, our attention should be particularly directed.

All the symptomatology of our periodical fevers, points to an adynamic condition of the nervous system as the most prominent and formidable lesion. Indeed, the very fact of *their periodical* character throws much light on their pathology, for periodicity is characteristic of diseases of the nervous system. In the examination of a patient, we observe a dry, hot skin, increase of vascular excitement, and general functional derangement of all the secretory system. But these symptoms, it will be borne in mind, are secondary; they have been announced by chill, which is occasioned by impression made on the ner-

vous system. We are led to the conclusion, therefore, that fever, as a *symptom*, is merely re-action from nervous prostration. Break down, from any cause, the nice balance existing between the nervous and vascular systems, and fever always follows. Take, for example, concussion of the brain. First, if we have entire prostration of the nervous energy, body cold and chilly, secretions measurably suspended; re-action eventually comes on, and fever, thirst, hot skin, dry mouth, in short all the symptoms of fever, are present.

Post-mortem examinations have frequently pointed out extensive structural lesions in these forms of fever, but the existence of these lesions by no means determined the true and original character of the disease; for the fever may run through its entire course *without* their existence. But if the paroxysms be not promptly arrested, it is not strange that local inflammatory action should become speedily developed during the progress of the fever. The harmony of function, and the equal distribution of nervous and vascular excitement, are entirely broken up. One organ may be excited, another depressed; the heart and arteries excited, and the muscular system perhaps languid; increased activity of the intestinal exhalants, and diminished activity of the exhalants of the surface; copious secretions from the kidneys, and torpor of the liver. Thus, the proper balance is broken up, the result of which is an excited condition of the entire organism, and frequently the production of local inflammations.

In relation to functional lesions, the liver is found very uniformly complicated; giving, in consequence of the marked disorders of the biliary secretions usually present, the almost universal name of *bilious* to our remittent fevers of the West—a name highly objectionable, if we are to understand thereby that the fever depends essentially upon disease of the liver, or upon vitiated bile as its proximate cause. The same objection applies to the names cephalitic, gastric and enteric remittents, for they point out local lesions which are but accidents and consequences of successive paroxysms of congestion and re-action; yet they are, unhappily, too frequently mistaken for the original basis of the disease.

Another frequent and often fatal complication, is inflammation of the mucous membrane of the gastro-intestinal canal. Drs. Gerhard and Stewardson have recorded a number of cases which occurred in the Pennsylvania Hospital in the year 1834, and again in the years 1838, 1839 and 1840, in which this lesion was uniformly present; sometimes resulting in melonation, and changes in thickness, consistence and color, variously combined in different cases; yet in no case was there disease of the elliptical plates, or mesenteric glands, or glands of Peyer and Brunner, occurring in the typhoid fevers of the New England States. It is not strange, however, that gastro-enteric inflammation becomes so frequently a complication in our periodical fever, for, reasoning *a priori*, and from anatomical structure, this lesion would become readily developed as a secondary pathological condition during the progress of the fever. And the fact should never be lost sight of, that this local phlegmasia is increased by each successive paroxysm. These local inflammations grow out of the pathological condition to which I have alluded.

In the first place congestion, or the cold stage, is merely imperfect reaction, and re-action always supposes primary prostration. This broken-down condition of nervous energy results from the virulence of the remote cause. The functions of the capillaries being also morbidly impressed, the blood is consequently thrown into the centre of the circulation; and the heart, dependent for its action on nervous energy received from the brain, becomes enfeebled in its action, and the result is engorgement of blood in the portal circle. Having no valves, the hepatic veins and their radicals dispersed through the liver become engorged; the *vena portorum* and its radicals also become congested; then the abdominal viscera fall into a state of congestion; all this resulting from the want of valvular structure and from debility of the right side of the heart. Protracted venous congestion, by the excitement of distention, may become the cause of the active variety. Hence disease of the entire portal circle constitutes the essential anatomical characteristic of our remittent and intermittent fevers.

Finally, as corroborative evidence of the pathological views here presented, an inference may be drawn from the remedies successfully employed in their cure. In intermittent diseases purely neuralgic in character, we resort to those remedies which are anti-periodic and sedative in their effects; and does it not throw light on the true character of periodical fevers that the same remedies, when properly administered, have the like effect in breaking up the chain of morbid action? By the concurrent and almost unanimous testimony of the profession, the preparations of cinchona, variously combined with anodynes, are found to be the most specific in arresting both forms of disease; and it is yet an interesting inquiry as to whether we may not find in other remedies, whose influence is exclusively and almost specifically directed to the nervous system, powerful remedial agents in the cure of intermittent fevers.

If the true theory of periodical fevers be such as I have represented it, the indications to be accomplished in their treatment are mainly two. First, to prevent the recurrence of the paroxysms; second, to moderate the violence of the local symptoms, and promote general functional harmony by proper depuratives. I speak here in general terms of those endemic forms of fever peculiar to a western and southern climate, and from the simple intermittent to its more malignant forms, and from the overpowering congestive, seen in the cold plague of the Mississippi, to the symptoms marking the yellow fever of the southern States. Of course the intelligent physician will modify or regulate his treatment according to the type the fever may assume during its progress, or the inflammatory action which may supervene. The fact of the intermittence or periodicity of all these forms of fever is well established; and the thought upon which I insist, with reference to their treatment, is, that in all forms of fever of a paroxysmal character (and it is only of such that I speak), the grand, out-standing, prominent idea to be cherished is, to prevent the repetition of paroxysms. In fact, the early and judicious use of quinine, opium, capsicum, and other stimulants and sustenants of

the brain and nervous system in our more malignant periodical fevers, before they become complicated with extensive local inflammation, is the very point on which the case is to turn for life or death. And the success of this treatment, in preference to the actual depletory system, is certainly very abundantly established. By it we immediately arrest the paroxysm, and with the arrest of the paroxysm, we generally have an improvement of the symptoms. The pulse, instead of being small, quick and struggling, becomes fuller, softer, more distinct and natural; the skin assumes a more healthy condition, a free perspiration frequently forming a crisis to the fever; and when followed by proper alteratives, depuratives, tonics, and laxatives, the tongue improves in appearance, the secretions become restored, and the patient rapidly recovers. But if we wait, before adopting this practice, as recommended by a large majority of our most popular authors, until the secretions are restored, the pulse soft, and the febrile symptoms abated, we will wait until struggling nature, unaided, has overcome the disease; or until, in consequence of protracted congestions of organs whose functions are essential to life, inflammation shall have supervened which we may never be able to control.—*Illinois and Indiana Medical and Surgical Journal.*

MR. LISTON, OF LONDON.

[PROF. GIBSON, of the University of Pennsylvania, in his late Introductory Lecture, gives a short but interesting account of many eminent British surgeons, and others, whom he visited the last year at their own homes. The following quotation refers to Mr. Liston, who, as a successful surgeon, is everywhere known.]

Few hours elapsed, after reaching the metropolis, before I found my way to the domicile of my old friend *Liston*. I was shown into a pill-box of a room, tastefully fitted up, and filled with medical and surgical portraits, from old *Abernethy* with his hands knowingly thrust into his breeches pockets, down to *Jobert of Paris*, with his enormous black whiskers and heroic figure and phiz. Whilst intently gazing upon these, the door noiselessly opened behind me, and a hand laid heavily enough upon my shoulder to face me about, was followed by the exclamation, "What under the sun has brought you here again?" Before I could answer the question, I was hurried into another room, and both sinking simultaneously into luxurious arm-chairs, a conversation was commenced and continued for a considerable time, occasionally interrupted by the pressure of the sides and whisking of the tail of the enormous black cat *Tobey* upon almost every part of my person—this respectable gentleman, now grown corpulent, no doubt recollecting the libel I had published in relation to his foot and my plate of soup, and above all in bestowing upon him the common epithet of *Tom*, instead of the more honorable and dignified one of *Tobey*. Upon taking leave, *Liston* said to me, "Come here at 8 o'clock to-morrow morning, and I'll take you down the Thames in my yacht, and then

out
sple
mad
—in
of se
with
self,
jecte
in a
moun
apro
came
imme
comp
my c
to P
I cou
of th
previ
out a
of an
and s
move
follow
witho
almo
could
took
I call
soon
from
upon
To r
trache
freedo
of his
enjoy
dined
way,
heard
medic
burgh
neithe
chairs
to pla
shifter
odd st
syne,"
it shou

out to sea, and show you fun you never dreamed of on board your splendid packet-ships." I excused myself upon the ground of having made a previous engagement with Sir Benjamin Brodie and Dr. Bright—inwardly pleased at the opportunity of escaping all the *désagrémens* of sea-sickness, which is sure to follow an excursion in such a craft, with a positive certainty of being visited upon any one even like myself, who had crossed the Atlantic numerous times without being subjected to any sickness at all. A few days after this I saw my friend in all his glory at the North London Hospital, his lofty forehead surmounted by a cap, his broad chest and figure covered in part with an apron, and his right arm brandishing a long and dagger-shaped knife. I came upon him unawares and stuck a finger into his side, when he immediately turned round, and said to the fine-looking young men who composed his class, "Ah, this is the American professor who has libelled my cat by calling him Tom." He then turned round, introduced me to Professors Thompson, Quain and Grant, gave me a position where I could distinctly see all he was going to do, and with a graceful turn of the body and corresponding sweep of the knife, upon a patient previously etherized and prepared for the operation, speedily worked out a pair of anterior and posterior flaps, and almost in the twinkling of an eye amputated the limb as near to the hip as he thought proper and safe to go—the poor girl not giving the slightest demonstration, by movement or scream, of what had been done. Some minor operations followed—all performed in the same quiet, easy, unpretending way, without any flourish of trumpets or display of flashing blades, and almost without the patients and by-standers being aware that so much could be effected with so little formality and fuss. Soon after this I took leave of Liston and left for Paris. Upon my return in September, I called again, and learned from him with regret that he had been ill soon after I had parted from him, and had lost thirty ounces of blood from an abscess in the throat, brought on, as he imagined, from attendance upon medical friends laboring under malignant erysipelatous disease. To recover from this severe attack, fortunately unconnected with the trachea or lungs, he had gone to Scotland among his friends, and after freedom from exertion or care, by revelling amidst the romantic scenery of his native hills, had returned to London in better health than he had enjoyed for many years. Before leaving London I saw him repeatedly, dined with him and Tobey and other friends in the most unrestrained way, talked on all subjects, professional, grave, farcical and funny, heard many queer anecdotes and histories of men, and hospitals, and medical schools, went back to the days when he was revelling at Edinburgh in the sweets of Barclay's rooms, and I in those of Monro—neither of us dreaming at the time that we should ever occupy similar chairs, or preach to those who some twenty years hence will be destined to play a part in the same drama, where they are now merely scene-shifters behind the curtain, and who, in turn, will tell *their* pupils many odd stories about their masters and contemporaries in days of "auld lang syne." "*Sic unda supervenit undam*," and it is only right and just that it should be so.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, DECEMBER 8, 1847.

Missionary Physicians.—It may be of interest to the medical profession to know the names of those of their brethren who, under the direction of the American Board, have relinquished all the delightful associations and endearments of home, to extend the blessings of science and the arts, and the principles of christianity, in heathen countries. Letters, books, packages, or surgical instruments, for any and all of these gentlemen, would be thankfully received, and may be sent to the Mission House, Pemberton Square, Boston. The names and residence are as follows, viz.—Azariah Smith, M.D., stationed at Erzerroom, Western Asia; Newton Adams, M.D., Umlaza, Southern Africa; Dr. Samuel F. Adams, Ceylon; John Scudder, M.D., Chintadrepettah, Madras; Henry De Forest, M.D., Beiret, Syria; C. V. C. Van Dyck, M.D., 'Abeih, Syria; Austin H. Wright, M.D., Orooomiah, Persia; Dr. Samuel F. Green, Ceylon; Nathan Ward, M.D., not located; Dyer Ball, M.D., Canton, China; Seth L. Andrews, M.D., Kailua, North Pacific Ocean; Dwight Baldwin, M.D., Lahaina, North Pacific; James W. Smith, M.D., Koloa, Sandwich Islands; Dr. Marcus Whitman, Oregon Indians; and Thomas S. Williams, at Kapasa, among the Sioux Indians. Dr. Bradley, formerly in Siam, is now in Boston.

Dr. Holmes's Introductory Lecture.—The high expectations in regard to the new Professor of Anatomy in Harvard University, have not been disappointed. Notwithstanding our best efforts, the daily press of the city has entirely anticipated us in commenting upon his introductory lecture. Little or nothing remains for us to do, but to repeat the language of others. Of this pleasure, however, other editors shall not deprive us, viz., of saying that it is the best discourse ever delivered in the Medical School of Harvard University. It abounds with bright thoughts, and there is a kind of elasticity and vigor running through its pages, that refreshes the reader. In too many instances we feel obliged to pour over vast accumulations in medico-literary productions, in the hope of discovering something new, and are quite satisfied if even a novel mode of presenting an old and ragged idea be found; but, alas, this is an age of servile imitation, and medical editors, like the wiser Solomon, are compelled to acknowledge, too frequently for the enduring glory of the writers of the profession, that there is nothing new under the sun.

We cannot compliment an author more than by transferring his words to our pages; and this is the best way of exhibiting the excellencies of this admirable performance to those who might not otherwise have access to it. With this intention, as opportunity presents, extracts will be liberally made. In conclusion, we congratulate Dr. Holmes on the happy success of his first appearance in a professional character at the Medical College.

Dr. Butterfield's Introductory Lecture.—On commencing the thirteenth session of the Willoughby Medical College, at Columbus, Ohio, where it

is now permanently located, it was a fitting occasion for a public discourse, which should explain to the profession and the citizens of the capital of the commonwealth, the objects and intentions of those to whom is committed the trust of conducting the affairs of the institution. John Butterfield, M.D., Professor of Pathology and Practice of Medicine, formerly of the city of Lowell, seems to possess the qualities of mind which are really necessary to give character to the chair in which he has been placed. Having watched his course a few years, we are happy to find that the expectations of his friends in New England, bid fair to be fully realized—and that a brilliant course awaits him in future professional life. With these introductory observations, we turn to the lecture published by the class. It would hardly be worth while to proceed to an exact analysis of his discourse, as considerable portions of it are taken up with considerations of local interest. His picture, however, of the troubles that beset the physician's path, and the frequent neglect and ingratitude of patients, is a graphic illustration of truths familiar to all who have been identified with the practice of medicine. But there is something encouraging on the reverse of the picture, which Dr. B. also holds up to view. As a whole, it is an excellent lecture—a dove with an olive-branch, indicating a favorable condition of things in the regions round about Columbus, and the ability and determination of the Faculty of Willoughby to be no second rate college, but one of the best of the land.

New Medical Appointment.—Dr. Zina Pitcher, of Detroit, Michigan, formerly mayor of that city, has been elected Professor of Theory and Practice of Medicine in the Medical Department of the University at LaPorte, Indiana. Should he accept, the appointment may be considered eminently fortunate, since few gentlemen are better qualified to teach acceptably the elements of a science which has been practised by him with marked success.

Violations of Physiological Laws in China.—Rev. Mr. Smith, an English traveller in China, whose narrative of an exploratory visit to the five consular cities, has created a sensation in reading circles, thus speaks of the dark side of the Chinese character.

"Facts of daily occurrence, brought to the knowledge of the missionaries, and frequently gained through the medium of Missionary Hospitals, revealed the prevalence of the most fearful immoralities among the people, and furnished a melancholy insight into the desolating horrors of paganism. Female infanticide, openly confessed, legalized by custom and divested of all disgrace by its frequency—the scarcity of females, leading, as a consequence, to a variety of crimes habitually staining the domestic hearth—the dreadful prevalence of all the vices charged by the apostle Paul upon the ancient heathen world—the alarming extent of opium indulgence, destroying the productiveness and natural resources of the people—the universal practice of lying and suspicion of dishonesty between man and man—the unblushing lewdness of old and young—the free, unchecked torrent of human depravity borne along in its tempestuous channel, and inundating the social system with the overflowings of ungodliness—prove the existence of a kind and degree of moral degradation among a people of which

an excessive statement can scarcely be made, and of which an adequate conception can rarely be formed." Such violations of moral and physiological laws must be productive of a fearful degree of bodily disease and suffering; and were a report published of the cases presented at the celebrated Missionary Hospital, under the direction of Dr. Peter Parker, it would show that such is the case, and would, perhaps, prove the most interesting report on the page of medical history.

Premium for Artificial Limbs.—A gold medal was awarded by the National Institute at New York, at the last meeting, to Mr. Benj. F. Palmer, of Meredith Bridge, N. H., for his ingenuity and the great degree of perfection to which he has brought the manufacture of artificial limbs. Last season a silver medal was conferred on him by the same association. It must be gratifying to Mr. Palmer to have his mechanical skill so highly appreciated by persons who are capable of estimating the value of the important articles constructed by him. Readers are referred to a communication, in this day's Journal, descriptive of the mechanism to which these observations refer.

Boot Heels.—A revolution is very much needed in the manufacture of boots—the modern fashion of high heels being positively injurious to the frame work of the feet. If the foot is tilted upon the top of a high-heeled boot, the toes are pressed forward, down an inclined plane, which distorts them, and leads to the formation of corns. In multitudes of young men, the pressure is so great forward, that the large toe-joint and the little toe metatarsal articulation are affected with bunions, swell, and sometimes remain permanently enlarged and sensitive. All beauty and symmetry are forever lost—and to the last days of an extreme old age, a foot thus tortured into a state of disease will be both sore and distorted. Something might also be said of ladies' shoes, with high heels; but as they are victims to other and even worse effects on the chest from a determination to improve upon nature, their case is deferred for another occasion.

Study of Medicine in France and America.—The method of studying medicine in Paris is very different from that pursued in America. In some respects it is better, and inferior in others. There is none, or next to none, of what is called office study; and indeed very little study of books anywhere. Many students finish their entire course with scarcely ever having looked at a medical work. The cost is also far less, and the opportunity for deception in regard to the time employed, almost impossible. In the United States, a certificate of three years' study is not unfrequently obtained, by a novice, for a few dollars. No such certificates are here required. The Government regulates that matter most admirably. Each student is required to inscribe his name with the secretary, and his time commences at that period. During his term of four years, he is obliged to pass five examinations, and to pay a small sum to the Government, I think about ten dollars for each, the whole expense for four years' study and degree, being nearly two hundred dollars. Every branch of study has a particular examination. The student previously applies himself solely to this, and without difficulty, of course, can make himself master

of it. In the United States, on the contrary, there is but one examination, and that at the end of three years' study in every branch at the same time. The preparation for this is extremely difficult. The overloaded brain is distracted with the vain attempt to re-call the *minutiae* of every department of the science.—Dr. GARDNER'S "*Spare Hours of a Student in Paris.*"

Typhus on the Continent.—Various parts of the Continent have not escaped the ravages of typhus, which has this year carried off so many victims in Great Britain and Ireland, and in America, and especially among medical men. Thus we read that, reckoning from the 1st of January of the present year, 22 medical men have died in Flanders, the majority of them from typhus fever.—*London Lancet.*

Vaccination.—From the last printed reports of vaccination in France, in 1844, it appears that there was 582,000 vaccinations for 924,000 births, and 8,812 individuals attacked by smallpox. Of the last, 1,175 died. This report, however, does not embrace Mayenne, Vienne and the Rhone.

Ibid.

Medical Miscellany.—A Mr. Scofield, of New York, has discovered a chemical process by which a dead body may be preserved from decomposition. This may be done with various chemical agents.—Medical lectures in Maine, at Bowdoin College, will commence on Tuesday, Feb. 15th. It is an excellent institution, and the preparations for the coming course promise well for the students.—In a family of nine children, born in Enfield, Conn., there has been no death for more than fifty years. Seven are now living, whose ages average above 70 years. The youngest 60, the eldest 81, and their united ages amount to about 500 years.—Dr. Donne, of Louisville, Ky., has been appointed Professor of Anatomy, in the Memphis Medical College, vice Professor Bybee, resigned.—There are about 200 medical students in attendance at the two schools in St. Louis. The State University numbers about 150, and the St. Louis University about 50.

TO CORRESPONDENTS.—Communications have been received from Dr. Moore, of Derry, N. H.; Dr. Hitchcock, of Ashby, Mass.; Dr. Castle, of New York; and Medicus, of Boston.

MARRIED.—In Boston, W. W. Codman, M.D., to Mrs. H. A. Neally.—D. S. Fogg, M.D., of Dedham, Mass., to Miss M. B. Tucker.—In Preston, Eng., Francis Seymore Haden, M.D., of London, to Miss Deborah Delano, daughter of Col. Geo. W. Whistler, formerly of the U. S. Army, and now Railroad Engineer in Russia.—In Biddeford, Me., Dr. Frederick Robie to Miss O. M. Priest.—Thos. Miner, M.D., of Middletown, Conn., to Miss M. Strong.—Dr. Truman H. Sherman, of Salisbury, Conn., to Miss L. M. Wilcox.

DIED.—In Boston, of ship fever, Joseph Meriarty, M.D. Physician of the Deer Island Emigrant Hospital, 36.—In Boston, also of ship fever, Alfred A. Lane, M.D.

Report of Deaths in Boston—for the week ending Dec. 4th. 60.—Males, 36—females, 24.—Stillborn, 2. Of consumption, 12—typhus fever, 4—scarlet fever, 2—lung fever, 4—billous fever, 1—canker, 1—marasmus, 4—poison, 1—teething, 2—infantile, 5—debility, 1—dropsy on the brain, 1—convulsions, 2—pleurisy, 3—paralysis, 1—croup, 3—apoplexy, 1—inflammation of the brain, 1—child-bed, 2—delirium tremens, 2—hooping cough, 1—dropsy, 1—diarrhoea, 2—inflammation of the bowels, 2—disease of the stomach, 1.

Under 5 years, 26—between 5 and 20 years, 9—between 20 and 40 years, 13—between 40 and 60 years, 8—over 60 years, 4.

Analysis of the Kidney in Bright's Disease.—As respects the opinion that fatty matter constitutes the leading character of the disease, we are bound to receive the statement with caution, and I will show a comparative examination I lately made between two kidneys,—one taken from a healthy man who died a violent death, and the other from a case of albuminous urine of some duration, and in which the organ was enlarged, and presented a greyish, soft, and greasy appearance :—

	Disease.	Health.
Water - - -	81.277	74.83
Fatty matter -	2.902	1.86
Urea - - -	0.145	a trace
Other solids	15.676	23.30

We observe here that the diseased kidney contained a much larger quantity of fatty matter than the healthy organ, notwithstanding that its solid matters, taken together, weighed less in the hundred parts. But let us now examine this question in relation to the solids only, which is the correct way of regarding it, and we shall perceive, that when compared to morbid growths in general, we have not much fat present in this diseased kidney; that is to say, that if the abnormal deposit were composed of the material which has been found constituting tubercle in the abdomen, we might have present quite as much fat as this kidney contains. Thus, tubercle in the abdomen has been found to contain 25.4 fatty matter in every 106.18 of its solids; scirrhus, hard as it is, has been found to contain as much as 8.05 of fatty matter in 75.2 of its solid matters. This analysis, therefore, so far as the chemical evidence goes, scarcely carries out the view of fatty degeneration; and if to this we add the physical characters of the deposit, as it can be occasionally examined by the touch, we shall, I think, be inclined to believe it allied rather to scirrhous or tubercular matter, containing fat as a constituent, than as fatty matter alone. As regards microscopic evidence in determining whether a mass be composed of fat or not, it can do little more than determine the character of the surface; for even with the naked eye, and with large masses, we are aware how difficult it is to form an opinion on such a point as this, if we are not allowed to assist our judgment by other senses, and more especially by the sense of touch. It is difficult to believe, indeed, that this disease can consist of a true fatty degeneration, were it only from our never having yet seen a kidney approaching to the condition of the fatty liver.—*Dr. REES, in Lon. Medical Gazette.*

Fines for Selling Poisons.—Lately eight grocers and herborists were indicted before one of the French courts, for having sold poisons without possessing the proper license, and without regard or in opposition to several enactments which have been lately made to regulate the sale of poisonous substances—one of which provides that poisonous matters shall be kept locked in a safe place, and not be left exposed. The laws under which the above dealers were prosecuted were made in 1845 and 1846; and this was the first indictment which had occurred. Each of the parties was fined and had to pay all law expenses. Thus England stands alone of all European countries in allowing the free and indiscriminate sale of poisons by any person, and in any form or quantity.—*London Lancet.*